

**PERMIT FORMS  
PURSUANT TO  
REGULATIONS FOR THE CONTROL AND ABATEMENT OF AIR POLLUTION**



**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

**AIR PERMITS  
FORM 7C APPLICATION  
for CONCRETE PLANTS Only**

NEW SOURCE REVIEW PERMITS  
and STATE OPERATING PERMITS



**VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR PERMITS**

<b>LOCAL GOVERNING BODY CERTIFICATION FORM</b>	
Facility Name:	Registration Number:
Applicant's Name:	Name of Contact Person at the site:
Applicant's Mailing address:	Contact Person Telephone Number:
Facility location (also attach map):	
Facility type, and list of activities to be conducted:	
<p>The applicant is in the process of completing an application for an air pollution control permit from the Virginia Department of Environmental Quality. In accordance with § 10.1-1321.1, Title 10.1, Code of Virginia (1950), as amended, before such a permit application can be considered complete, the applicant must obtain a certification from the governing body of the county, city or town in which the facility is to be located that the location and operation of the facility are consistent with all applicable ordinances adopted pursuant to Chapter 22 (§§ 15.2-2200 <u>et seq.</u>) of Title 15.2. The undersigned requests that an authorized representative of the local governing body sign the certification below.</p>	
Applicant's signature:	Date:
<p><b>The undersigned local government representative certifies</b> to the consistency of the proposed location and operation of the facility described above with all applicable local ordinances adopted pursuant to Chapter 22 (§§15.2-2200 <u>et seq.</u>) of Title 15.2. of the Code of Virginia (1950) as amended, as follows:</p> <p><b>(Check one block)</b></p> <p><input type="checkbox"/> The proposed facility is <b>fully consistent</b> with all applicable local ordinances.</p> <p><input type="checkbox"/> The proposed facility is <b>inconsistent</b> with applicable local ordinances; see attached information.</p>	
Signature of authorized local government representative:	Date:
Type or print name:	Title:
County, city or town:	

**[THE LOCAL GOVERNMENT REPRESENTATIVE SHOULD FORWARD THE SIGNED CERTIFICATION TO THE APPROPRIATE DEQ REGIONAL OFFICE AND SEND A COPY TO THE APPLICANT.]**

# VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY – 2014 AIR PERMIT APPLICATION FEE

As of July 1, 2012, air permit applications are subject to a fee. The fee does not apply to administrative amendments or true minor sources. Applications will be considered incomplete if the proper fee is not paid and will not be processed until full payment is received. Air permit application fees are not refundable.

**Fees are adjusted every January 1<sup>st</sup> for CPI. THIS FORM IS VALID JANUARY 1, 2014 TO DECEMBER 31, 2014.**

**Send this form and a check (or money order) payable to "Treasurer of Virginia" to:**

**Department of Environmental Quality**

**Receipts Control**

**P.O. Box 1104**

**Richmond, VA 23218**

**Send a copy of this form with the permit application to:**

**The DEQ Regional Office**

Please retain a copy for your records. Any questions should be directed to the DEQ regional office to which the application will be submitted. **Unsure of your fee? Contact the Regional Air Permit Manager.**

<b>COMPANY NAME:</b>		<b>FIN:</b>	
<b>COMPANY REPRESENTATIVE:</b>		<b>REG. NO.</b>	
<b>MAILING ADDRESS:</b>			
<b>BUSINESS PHONE:</b>		<b>FAX:</b>	
<b>FACILITY NAME:</b>			
<b>PHYSICAL LOCATION:</b>			

PERMIT ACTIVITY	APPLICATION FEE AMOUNT	CHECK ONE
Sources subject to Title V permitting requirements:		
• Major NSR permit (Articles 7, 8, 9)	\$30,970	
• Major NSR permit amendment (Articles 7, 8, 9)*	\$7,226	
• State major permit (Article 6)	\$15,485	
• Title V permit (Articles 1, 3)	\$20,647	
• Title V permit renewal (Articles 1, 3)	\$10,323	
• Title V permit modification (Articles 1, 3)	\$3,613	
• Minor NSR permit (Article 6)	\$1,548	
• Minor NSR amendment (Article 6)*	\$774	
• State operating permit (Article 5)	\$7,226	
• State operating permit amendment (Article 5)*	\$3,613	
Sources subject to Synthetic Minor permitting requirements:		
• Minor NSR permit (Article 6)	\$516	
• Minor NSR amendment (Article 6)*	\$258	
• State operating permit (Article 5)	\$1,548	
• State operating permit amendment (Article 5)*	\$825	
<b>*FEES DO NOT APPLY TO ADMINISTRATIVE AMENDMENTS</b>		

**DEQ OFFICE TO WHICH PERMIT APPLICATION WILL BE SUBMITTED (check one)**

<input type="checkbox"/> <a href="#">SWRO/Abingdon</a> <input type="checkbox"/> <a href="#">NRO/Woodbridge</a> <input type="checkbox"/> <a href="#">PRO/Richmond</a>	<b>FOR DEQ USE ONLY</b> Date: _____ DC #: _____ Reg. No.: _____
<input type="checkbox"/> <a href="#">VRO/Harrisonburg</a> <input type="checkbox"/> <a href="#">BRRO/Lynchburg or Roanoke</a> <input type="checkbox"/> <a href="#">TRO/Virginia Beach</a>	



AIR PERMIT APPLICATION  
CHECK ALL PAGES ATTACHED AND LIST ALL ATTACHED DOCUMENTS

- ☐ Local Government Certification Form, Page 2
- ☐ Application Fee Form, Page 3
- ☐ Document Certification Form, Page 4
- ☐ General Information, Pages 5-6
- ☐ Concrete Plant, Pages 7-8

ATTACHED DOCUMENTS:

- ☐ Map of Site Location
  - ☐ Facility Site Plan
  - ☐ Process Flow Diagram/Schematic
  - ☐ MSDS or CPDS Sheets
  - ☐ Estimated Emission Calculations
  - ☐ Stack Tests
  - ☐ Air Modeling Data
  - ☐ Confidential Information (see Instructions)
  - ☐ BACT Analysis
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Check added form sheets above; also indicate the number of copies of each form in blank provided.

DOCUMENT CERTIFICATION FORM

***I certify under penalty of law that this document and all attachments [as noted above] were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering and evaluating the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.***

***I certify that I understand that the existence of a permit under [Article 6 of the Regulations] does not shield the source from potential enforcement of any regulation of the board governing the major NSR program and does not relieve the source of the responsibility to comply with any applicable provision of the major NSR regulations.***

SIGNATURE: _____	DATE: _____
NAME: _____	REGISTRATION NO: _____
TITLE: _____	COMPANY: _____
PHONE: _____	ADDRESS: _____
EMAIL: _____	_____

References: Virginia Regulations for the Control and Abatement of Air Pollution (Regulations), 9 VAC 5-20-230B and 9 VAC 5-80-1140E.

## GENERAL INFORMATION

Person Completing Form:		Date:	Registration Number:
Company and Division Name:			FIN:
Mailing Address:			
Exact Source Location – Include Name of City (County) and Full Street Address or Directions:			
Telephone Number:	No. of Employees:	Property Area at Site:	
Person to Contact on Air Pollution Matters – Name and Title:		Phone Number:	
		Fax:	
		Email:	
Latitude and Longitude Coordinates <b>OR</b> UTM Coordinates of Facility:			

**Reason(s) for Submission (Check all that apply):**

☐ State Operating Permit

This permit is applied for pursuant to provisions of the Virginia Administrative Code, 9 VAC 5 Chapter 80, Article 5 (SOP)

☐ New Source

This permit is applied for pursuant to the following provisions of the Virginia Administrative Code:

☐ Modification of a Source

☐ 9 VAC 5 Chapter 80, Article 6 (Minor Sources)

☐ Relocation of a Source

☐ 9 VAC 5 Chapter 80, Article 8 (PSD Major Sources)

☐ 9 VAC 5 Chapter 80, Article 9 (Non-Attainment Major Sources)

☐ Amendment to a Permit Dated: \_\_\_\_\_ Permit Type: ☐ SOP (Art. 5) ☐ NSR (Art. 6, 8, 9)

Amendment Type:

- ☐ Administrative Amendment  
☐ Minor Amendment  
☐ Significant Amendment

This amendment is requested pursuant to the provisions of:

- |   |   |
|---|---|
| <input type="checkbox"/> 9 VAC 5-80-970 (Art. 5 Adm.)   | <input type="checkbox"/> 9 VAC 5-80-1935 (Art. 8 Adm.)  |
| <input type="checkbox"/> 9 VAC 5-80-980 (Art. 5 Minor)  | <input type="checkbox"/> 9 VAC 5-80-1945 (Art. 8 Minor) |
| <input type="checkbox"/> 9 VAC 5-80-990 (Art. 5 Sig.)   | <input type="checkbox"/> 9 VAC 5-80-1955 (Art. 8 Sig.)  |
| <input type="checkbox"/> 9 VAC 5-80-1270 (Art. 6 Adm.)  | <input type="checkbox"/> 9 VAC 5-80-2210 (Art. 9 Adm.)  |
| <input type="checkbox"/> 9 VAC 5-80-1280 (Art. 6 Minor) | <input type="checkbox"/> 9 VAC 5-80-2220 (Art. 9 Minor) |
| <input type="checkbox"/> 9 VAC 5-80-1290 (Art. 6 Sig.)  | <input type="checkbox"/> 9 VAC 5-80-2230 (Art. 9 Sig.)  |

☐ Other (specify): \_\_\_\_\_

**Explanation of Permit Request (attach documents if needed):**

## GENERAL INFORMATION (CONTINUED)

### For Portable Plants:

Is this facility designed to be portable?

☐ Yes ☐ No

- If yes, is this facility already permitted as a portable plant? ☐ Yes ☐ No Permit Date:

If not permitted, is this an application to be permitted as a portable plant? ☐ Yes ☐ No

If permitted as a portable facility, is this a notification of relocation? ☐ Yes ☐ No

- Describe the new location or address (include a site map):

- Will the portable facility be co-located with another source? ☐ Yes ☐ No Reg. No.

- Will the portable facility be modified or reconstructed as a result of the relocation? ☐ Yes ☐ No

- Will there be any new emissions other than those associated with the relocation? ☐ Yes ☐ No

- Is the facility suitable for the area to which it will be located? (attach documentation) ☐ Yes ☐ No

**Describe the products manufactured and/or services performed at this facility:**

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**List the Standard Industrial Classification (SIC) Code(s) for the facility:**

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**List the North American Industry Classification System (NAICS) Code(s) for the facility:**

[illegible]

**List all the facilities in Virginia under common ownership or control by the owner of this facility:**


**Milestones:** This section is to be completed if the permit application includes a new emissions unit or modification to existing operations.

<b>Milestones*:</b>	<b>Starting Date:</b>	<b>Estimated Completion Date:</b>
New Equipment Installation		
Modification of Existing Process or Equipment		
Start-up Dates		

\*For new or modified installations to be constructed in phased schedule, give construction/installation starting and completion date for each phase.

## CONCRETE PLANT

**Note:** If your plant consists of more than a concrete plant, you should use the DEQ - Air Division general Form 7 rather than this application form.

1. Company Name: \_\_\_\_\_ 2. Registration No.: \_\_\_\_\_

3. Plant Manufacturer: \_\_\_\_\_

4. Model number: \_\_\_\_\_ 5. Date of Manufacture: \_\_\_\_\_ 6. Date of Construction: \_\_\_\_\_

7. Maximum Rated Capacity of Plant: \_\_\_\_\_ tons of concrete per hour ☐ Wet ☐ Dry

8. Type of Plant: ☐ Truck Mix ☐ Central (Batch) Mix

9. Requested Maximum Annual Production Rate: (**\*Note:** This value will be used to establish permit limits.)  
\_\_\_\_\_ \*tons of concrete per year ☐ Wet ☐ Dry  
or \_\_\_\_\_ \*cubic yards of concrete per year; at \_\_\_\_\_ tons of concrete per cubic yard

10. Control Equipment: (use additional pages if necessary.)  
**Note:** Silos must be controlled by a fabric filter or bin vent filter.  
**Note:** Weigh hoppers and truck load out areas (if truck mix) must be controlled by a fabric filter.

☐ Add-on Control Equipment:

Stack No. : _____	Control Type: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter	Control Efficiency: _____ %
Emission Unit(s) Controlled: _____		
Stack No. : _____	Control Type: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter	Control Efficiency: _____ %
Emission Unit(s) Controlled: _____		
Stack No. : _____	Control Type: <input type="checkbox"/> Fabric Filter <input type="checkbox"/> Bin Vent Filter	Control Efficiency: _____ %
Emission Unit(s) Controlled: _____		

☐ Other Controls (Stack No., Type and Control Efficiency): \_\_\_\_\_  
Emission Unit(s) Controlled: \_\_\_\_\_

11. Will a generator be used to provide power for plant operations? ☐ Yes ☐ No

If yes, the rated capacity is: \_\_\_\_\_ BHP \_\_\_\_\_ KW \_\_\_\_\_ (MMBtu/hr Max heat input capacity)  
Manufacturer Date: \_\_\_\_\_ (dd/mm/yy)

If yes, how is it used: ☐ Regularly ☐ Peak Shaving ☐ Emergency use only

Fuels: (Check and fill in the fuel type, throughput, and content information, as applicable) Stack No. : \_\_\_\_\_

<input type="checkbox"/> Natural Gas	*Maximum Annual Throughput: _____ million cubic feet per year
<input type="checkbox"/> No. 1 or No. 2 Distillate Fuel Oil	*Maximum Annual Throughput: _____ thousand gallons per year
<input type="checkbox"/> Other: _____	Heat Content: _____ MMBtu per _____ (units)
*Maximum Annual Amount of Fuel Used: _____ (units): _____ @ _____ % Sulfur	

(**\*Note:** These values will be used to establish permit limits.)

If yes, attach the manufacturer's data (specifications) for each generator. ☐ Did attach

12. Will the plant have other fuel burning equipment? ☐ Yes ☐ No \_\_\_\_\_ (MMBtu/hr Max heat input capacity)

Equipment: ☐ Boiler ☐ Space Heater ☐ (Other) \_\_\_\_\_

## CONCRETE PLANT (CONTINUED)

Fuels: (Check and fill in the fuel type, throughput, and content information, as applicable) Stack No. : \_\_\_\_\_

☐ Natural Gas \*Maximum Annual Throughput: \_\_\_\_\_ million cubic feet per year

☐ No. 1 or No.2 Distillate Fuel Oil \*Maximum Annual Throughput: \_\_\_\_\_ thousand gallons per year

☐ Other: \_\_\_\_\_ Heat Content: \_\_\_\_\_ MMBtu per \_\_\_\_\_ (units)

\*Maximum Annual Amount of Fuel Used: \_\_\_\_\_ (units): \_\_\_\_\_ @ \_\_\_\_\_ % \*Sulfur

(\*Note: These values will be used to establish permit limits.)

13. Will the plant have a cement silo on site? ☐ Yes ☐ No Stack No: \_\_\_\_\_

If yes, what is the volume capacity of the silo? \_\_\_\_\_ tons of cement

14. Any other material storage silos on site (i.e. fly ash, silica fume, slag, etc.)? ☐ Yes ☐ No Stack No: \_\_\_\_\_

If yes, what is the volume capacity of the silo? \_\_\_\_\_ tons of \_\_\_\_\_

15. Will the plant have a concrete crusher on site? ☐ Yes ☐ No Stack No: \_\_\_\_\_

If yes, what is the capacity of the crusher? \_\_\_\_\_ tons of crushed concrete per hour

If yes, what is the requested annual throughput of concrete crushed? \_\_\_\_\_ tons per year

If yes, please attach crusher information, including the date(s) of manufacture and construction. ☐ Did attach

16. Normal Equipment Operating Schedule:

\_\_\_\_\_ Hours per Day

\_\_\_\_\_ Hours per Week

\_\_\_\_\_ Hours per Year

17. Percent Annual Production Rate by Season:

December through February \_\_\_\_\_ %

March through May \_\_\_\_\_ %

June through August \_\_\_\_\_ %

September through November \_\_\_\_\_ %

Total 100 %

18. Stack/Exhaust Data:

Stack No.	Process	Stack Height (ft)	Exhaust Stack Diameter (ft)	Exit Gas Velocity (ft/sec)	Exit Gas Flow Rate (acfm)	Exit Gas Temp. (°F)